



# WYMARK

**INSURANCE BROKERS PTY. LTD.**  
 ABN 11 010 863 966 AFS Licence No. 238769  
 Level 4 12 Short Street Southport QLD 4215  
 PO Box 2310, Southport, QLD 4215

## FAX / EMAIL BACK TO WYMARK

**Fax 07 5532 9446**  
**Email [info@wymark.com.au](mailto:info@wymark.com.au)**  
**Ph 1800 WYMARK**

### Pest Controllers – Home & Contents Quote Form

Cover Type – QBE IBNA AIMS Gold Policy (Accidental Damage)

#### DETAILS OF THE APPLICANT

Name(s) of Insured(s)			
DATE OF BIRTH		Retired?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Situation of Risk (Address)			State
			Postcode
Contact Number(s)	Phone No.		Fax No.
Email Address			

Does anyone have a Financial Interest in your property	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES – Please advise Name of Financier	

#### TYPE OF BUILDING

Year Built		Connected to Town Water?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wall Construction	<input type="checkbox"/> Brick	<input type="checkbox"/> Fibro / Wood	<input type="checkbox"/> Other
Roof Construction	<input type="checkbox"/> Tiles	<input type="checkbox"/> Iron / Colourbond	<input type="checkbox"/> Other
Building Type	<input type="checkbox"/> Private House	<input type="checkbox"/> Unit / Flat / Villa / Duplex	<input type="checkbox"/> Other
Occupancy Type	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Tennant	<input type="checkbox"/> Landlord Property

#### PROPERTY CONDITION

Has the Property been re-wired / re-plumbed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do Any Part(s) of the Building need repairing or replacing? Eg. Gutters, Stumping, Electrical, Plumbing, Roof, Balcony, Railings, Floorboards etc	Yes <input type="checkbox"/> No <input type="checkbox"/>

#### SECURITY *(Tick all applicable)*

<input type="checkbox"/> Back to Base Alarm	<input type="checkbox"/> Window Bars	<input type="checkbox"/> Deadlocks on Doors	<input type="checkbox"/> Security Intercom
<input type="checkbox"/> Local Alarm	<input type="checkbox"/> Window Locks	<input type="checkbox"/> Double Deadlocks on Doors	<input type="checkbox"/> Elevated

#### PROPERTY TO BE INSURED

#### SUM INSURED

Building	\$
Contents	\$

#### PERSONAL EFFECTS & VALUABLES AWAY FROM THE HOME

Do you require cover for <b>SPECIFIED</b> Valuables away from home for any items over \$2,000 in value? If <b>Yes</b> , please list those items over \$2000 in value (eg. Jewellery) on a separate page	Yes <input type="checkbox"/> No <input type="checkbox"/>
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#### CLAIMS HISTORY

Have you or anyone living permanently with you:

- been refused insurance, insurance renewal declined, had special terms or conditions or excesses imposed
- committed, been charged or convicted during the last 5yrs or arson, or any offence involving actual or threatened damage to property; any criminal act, fraud, theft, drugs, or dishonesty of any kind
- suffered any loss/claims in the last 5yrs
- are there any exceptional circumstances you know about which are relevant to our decision to insure you and on what terms

Yes  No

**If "Yes", please supply details, attach a separate piece of paper if you have insufficient space to answer below**
